

NAME : QUOC XUONG LUU
 CDC #: (P-22522)
 Bld.#: (2-1254)
 California State Prison - Solano
 P.O. Box 4000
 Vacaville, California 95696-4000

JUL 18 PM 1:30
 CLERK OF DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

In Propria Persona

UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

Quoc Xuong Luu,

Plaintiff,

vs.

IMMIGRATION AND NATURALIZATION
 SERVICES (INS), et al.,
 Defendant.

CASE NO.

08-3350JSW

PRISONER'S
 APPLICATION TO PROCEED
 IN FORMA PAUPERIS

I, Quoc Xuong Luu, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes XX No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0.00 Net: 0.00

Employer: California State Prison - Solano, P.O. Box 4000,
Vacaville, California 95696-4000

JUL 18 2008

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 _____
 5 _____
 6 _____
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No XX
 10 self employment
 11 b. Income from stocks, bonds, Yes ____ No XX
 12 or royalties?
 13 c. Rent payments? Yes ____ No XX
 14 d. Pensions, annuities, or Yes ____ No XX
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ____ No XX
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____
 23 3. Are you married? Yes ____ No XX

24 Spouse's Full Name: NONE

25 Spouse's Place of Employment: NONE

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0.00 Net \$ 0.00

28 4. a. List amount you contribute to your spouse's support: \$ NONE

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NONE

5. Do you own or are you buying a home? Yes ___ No XX

Estimated Market Value: \$ NONE Amount of Mortgage: \$ NONE

6. Do you own an automobile? Yes ___ No ___

Make NONE Year NONE Model NONE

Is it financed? Yes ___ No XX If so, Total due: \$ NONE

Monthly Payment: \$ NONE

7. Do you have a bank account? Yes ___ No XX (Do not include account numbers.)

Name(s) and address(es) of bank: NONE

Present balance(s): \$ NONE

Do you own any cash? Yes ___ No XX Amount: \$ NONE

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No XX

8. What are your monthly expenses?

Rent: \$ NONE Utilities: NONE

Food: \$ NONE Clothing: NONE

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>/</u>	\$ <u>/</u>	\$ <u>/</u>
<u>/</u>	\$ <u>/</u>	\$ <u>/</u>

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 Restitution imposed by the trial judge of the Superior Court
4 of Santa Clara County and for the State of California.

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes XX No


7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 Luu v. USA, et al., case# C-02-01980-JF (PR) and Luu v. INS, et al., case#
10 C-07-2704-JSW (PR), in the United States District Court for the Northern
11 District of California.

12 I consent to prison officials withdrawing from my trust account and paying to the court
13 the initial partial filing fee and all installment payments required by the court.

14 I declare under the penalty of perjury that the foregoing is true and correct and
15 understand that a false statement herein may result in the dismissal of my claims.

16 _____
17 DATE

18 
19 _____
20 SIGNATURE OF APPLICANT

21
22
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28
JUL 10 2008

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of 0.00 for the last six months at

[prisoner name]
LUU, QUOC - CSP - SOLANO where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 7/11/2008

Barbara Patten

[Authorized officer of the institution]

JUL 10 2008

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 11, 2008

* RESTITUTION ACCOUNT ACTIVITY

CASE NUMBER: *206807
FINE AMOUNT: \$ 1,180.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
09/15/08	DR30	REST DED-CASH DEPOSIT	100.00-	693.01

THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT
IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
93.84	90.00	183.84	0.00	140.78	0.00

THE ATTACHED ACCOUNTS CONNECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE. AVAILABLE BALANCE
 140-78-



BY Brenda Patton
TRUST OFFICE

JUL 10 2008

Case 2008-cv-03350-JSW

Document 5

Filed 07/18/2008

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STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date July 09 20 08

To: Warden

Approved

I hereby request that my Trust Account be charged \$ 3.00 for the purpose stated below and authorize the withdrawal of that sum from my account.

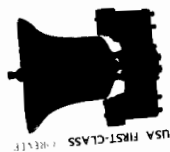
NUMBER

NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or lobby purchase)PRINT PLAINLY BELOW name and address of person
to whom check is to be mailed.PURPOSE "En Forma Pauperis"
application to the United States
District Court and for the
Northern District of CaliforniaNAME U.S. Dist. Court
Northern Dist. of California
ADDRESS Office of the Clerk
450 Golden Gate Avenue
San Francisco, California 94102Quoc X. Luu

PRINT YOUR FULL NAME HERE

NAME : QUOC XUONG LUU
CDC# : (P-22522)
Bld.# : (02-125U)
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P.O. Box 4000
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CALIFORNIA STATE PRISON-SOLANO

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
Office of the Clerk
450 Golden Gate Avenue
San Francisco, California 94102

LEGAL MAIL

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